

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015207

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

224

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0168

2 0795

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Cape Girardeau		c. CITY OR TOWN Perryville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 425 N. Main St.	
3. NAME OF DECEASED (Type or print) Lucille Mary (Zahner) Edwards		4. DATE OF DEATH Month April Day 20 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 31, 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		11. BIRTHPLACE (City and state or country) Perry County, Mo., U.S.A.	
13a. FATHER'S NAME Robert Miles		14. NAME OF HUSBAND OR WIFE Paul Edwards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Mo. Mrs. Donald Kirn, Perryville	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic glomerulo nephritis DUE TO (c) and Chronic pyelonephritis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Hypertensive Cardiovascular Disease			
PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:45 a.m. p.m. Month, Day, Year 7-10-62		20f. CITY, TOWN, OR LOCATION Cape Girardeau COUNTY Mo. STATE Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) death	
21. I attended the deceased from 7:45 A.M. to death and last saw her alive on 19 April 63 Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Don A. Chapman, M.D. (Degree or title)		22c. DATE SIGNED 24 April 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-20-63	
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Perryville, Mo.	
24. FUNERAL DIRECTOR Albert Bey, Perryville, Mo.		25. DATE RECD. BY LOCAL REG. 4-26-63	
26. REGISTRAR'S SIGNATURE James K. Antun			

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Albert Bey

Licensed Embalmer No. 386

P. O. Address Learyville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.